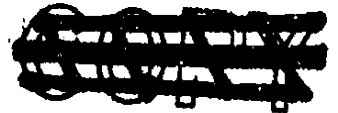


UNOFFICIAL COPY



92800118

STATE OF ILLINOIS
COUNTY OF COOK

AFFIDAVIT BY SURVIVING JOINT TENANT

HAE SUE KIM being first duly sworn, upon oath deposes and says:

That she resides at 4313 Hammersmith Lane in the Village of Glenview, County of Cook, State of Illinois and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate in said Cook County, Illinois, described as follows:

LOT 57 IN OAK HILL RESUBDIVISION #1, BEING A RESUBDIVISION OF OAK HILL SUBDIVISION OF PART OF THE NORTHWEST QUARTER OF SECTION 29, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, RECORDED MARCH 16, 1983 AS DOCUMENT NUMBER 26536993, IN COOK COUNTY, ILLINOIS.

Commonly known as: 4313 Hammersmith Lane, Glenview, Illinois

Permanent Index No.: 04-29-100-165

Affiant states that YONG Y. KIM a/k/a Philip H. Kim one of the owners in joint tenancy, died in the City of Glenview, State of Illinois as is confirmed by a Certificate of the health department of said municipality hereto attached.

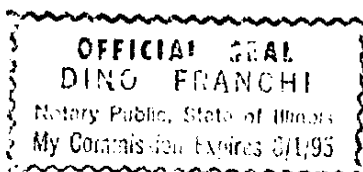
Affiant states that the remaining joint tenant has not changed her marital status since the death of YONG Y. KIM, her husband.

Further, that the affiant makes this affidavit for the purpose of attesting to her ownership of an undivided one hundred percent (100%) interest in the property described herein as the surviving joint tenant therein.

Subscribed and sworn to before me
this 9th day of November, 1992

Ding Franchi
NOTARY PUBLIC

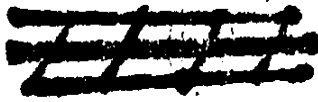
Hae Sue Kim
HAE SUE KIM



SEPT-OCT RE-ORDING 125.50
142012 TRAM 2983 11/17/92 16104700
40855 * 92-263148
COOK COUNTY RECORDER

92863148

2350
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Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO 1680
 REGISTERED NUMBER

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STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH DAY YEAR)
1 PHILIP YONGAUP KIM		2 Male	3 DECEMBER 29, 1991
COUNTY OF DEATH	AGE - LAST BIRTHDAY (YRS) 5a	UNDER 1 YEAR 5b	UNDER 1 DAY 5c
4 Cook	5a 29	5b	5c
DATE OF BIRTH (MONTH DAY YEAR)		6a	
5d January 26, 1939		6a Glenview	
CITY TOWN TWP OR ROAD DISTRICT NUMBER		6b HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN EITHER GIVE STREET AND NUMBER	
6a Glenview		6b Glenbrook Hospital	
6c		6c Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
7 Korea	8a married	8b Mae Sue Hahn	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY HIGH SCHOOL GRADE COMPLETED)
10 537 13 2498	11a Office Mgr.	11b Machinery	12
RESIDENCE (STREET AND NUMBER)		CITY TOWN TWP OR ROAD DISTRICT NO	COUNTY
13a 4313 Hammersmith		13b Glenview	13c Cook
STATE	ZIP CODE	RACE (WHITE BLACK AMERICAN INDIAN OR HISpanic)	OF HISPANIC ORIGIN? (SPECIFY YES OR NO IF YES SPECIFY CUBAN MEXICAN PUERTO RICAN OR OTHER)
13b Illinois	13i 60025	14a white	14b NO YES SPECIFY
FATHER NAME FIRST MIDDLE LAST	MOTHER NAME FIRST MIDDLE (MAIDEN) LAST	INFORMANT'S NAME (TYPE OR PRINT)	
15 Hat Tae Kim	16 Oh Moh Park	17a Mae Sue Kim	
RELATIONSHIP		17b wife	
MARRIAGE ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP)		17c 4313 Hammersmith Glenview, IL 60025	
PART I (The signature of the certifier is required for all deaths except those of persons who die in the hospital or in the home of a physician and who are under the direct care of a physician at the time of death.)			APPROXIMATE INTERVAL IN HOURS BETWEEN DEATH AND DEATH CERTIFICATE
Immediate Cause (Final disease or condition resulting in death)			2 months
(a) Hepatoma			
DUE TO OR AS A CONSEQUENCE OF			
(b)			
DUE TO OR AS A CONSEQUENCE OF			
(c)			
PART II (The signature of the certifier is required for all deaths except those of persons who die in the hospital or in the home of a physician and who are under the direct care of a physician at the time of death.)			19a
AUTOPSY (YES OR NO)			19b NO
DATE OF OPERATION IF ANY			20c
MAJOR FINDINGS OF OPERATION			20c YES NO
20a (If you did not attend the deceased and last saw him/her alive)			20c YES NO
20b (Month Day Year)			20c YES NO
20a 12-29-91			20c YES NO
21a TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED			21b
21a			21b NO
22a SIGNATURE			21c
22a Richard H. King, M.D.			21c 11:50 A M
22b NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			22b
22b Richard H. King, 2650 N. Ridge, Evanston, Ill.			22b 12/30/91
22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			22d
22c			22d 036059856
23			NOTE IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED
BURIAL CREMATION REMOVAL (SPECIFY)	CEMETERY OR CREMATORY NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH DAY YEAR)
24a Burial	24b All Saints	24c Des Plaines, Illinois	24d Dec. 31, 1991
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE ZIP	
25a Simkins Funeral Home	6551 Dempster St.	Morton Grove, Illinois 60053	
FUNERAL DIRECTOR'S SIGNATURE			25c
25b			25c 11557
LOCAL REGISTRAR'S SIGNATURE			26b
26a Karen L. Scott, M.D.			26b
26a REGISTRAR			26b

RECEIVED ON 12-30-91 BY [Signature]

12-30-91

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

SPRINGFIELD

MARCH 6, 1992

THIS IS NOT A VALID CERTIFIED COPY WITHOUT THE EMBOSSED SEAL AND SIGNATURE OF THE STATE REGISTRAR

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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Return to: Jeri L Wenig
CHUHAK & TECSON, P.C.
225 W. WASHINGTON, SUITE 1300
CHICAGO, IL 60606